

# CLAIMS ONLY

Application Number

101670132

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/	/	/		
2		/	/	/		
3		/	/	/		
4		/	/	/		
5		/	/	/		
6		/	/	/		
7		/	/	/		
8		/	/	/		
9		/	/	/		
10		/	/	/		
11		/	/	/		
12		/	/	/		
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16		/	/	/		
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20		/	/	/		
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23		/	/	/		
24		/	/	/		
25		/	/	/		
26		/	/	/		
27		/	/	/		
28		/	/	/		
29		/	/	/		
30		/	/	/		
31		/	/	/		
32		/	/	/		
33		/	/	/		
34		/	/	/		
35		/	/	/		
36		/	/	/		
37		/	/	/		
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39		/	/	/		
40		/	/	/		
41		/	/	/		
42		/	/	/		
43		/	/	/		
44		/	/	/		
45		/	/	/		
46		/	/	/		
47		/	/	/		
48		/	/	/		
49		/	/	/		
50		/	/	/		
Total Indep	1		1			
Total Depend	17		20			
Total Claims	18		21			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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99						
100						
Total Indep						
Total Depend						
Total Claims						